



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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MASSACHUSETTS CONRAD-30/J-1 VISA WAIVER POLICY
Federal Fiscal Year (October 1 - September 30)

The Massachusetts Department of Public Health (The Department), through the Conrad-30/J-1 Visa Waiver Program, is committed to supporting employment requests for J-1 visa physicians in sites that have a history of serving the state's medically underserved populations. The J-1 Visa Waiver Program has been implemented in accordance with its authority Section 214(l) of the Immigration Nationality Act. This law permits the Department to assist health care facilities located in federally designated medically underserved areas and facilities that treat patients who reside in federally designated medically underserved areas with physician recruitment by supporting J-1 visa waiver requests. The Health Care Workforce Center (the Center) administers the program for the Department.

Federal law authorizes the Department to support no more than thirty J-1 visa waiver requests per federal fiscal year (October 1 - September 30). The Center will begin accepting applications October 1 of each year. From October 1 – December 31, applications for both Primary Care and Specialist positions will be accepted; reviews will be conducted in January and notifications sent by or before March 1.

In the event that Massachusetts does not fill all 30 slots in the January review, the program **may** open for additional applications and a second round of reviews. Should the program have an additional review session, those eligible applicants that were not supported in the January review will have the option of having their application reviewed again.

Applications will be reviewed with special attention and favorability to primary care services, identified areas of greatest need, and providing service in the public interest of the Commonwealth. The Massachusetts program prioritizes primary medical care, psychiatry, and certain specialties. Applicant agencies or employers must accept public insurance, and offer discounts to low-income or uninsured patients on a sliding fee scale that at a minimum follows the federal poverty level (see (<http://aspe.hhs.gov/poverty/>)).

The decision to support a waiver request is at the discretion of the Department. Those requests that are supported will be forwarded to the U.S. Department of State (DOS) Bureau of Consular Affairs, which reviews and recommends the J-1 Visa Waiver applications to the Bureau of Citizenship and Immigration Services. Copies of the support letter from the Department will be mailed to the physician, the employer and the legal representative as appropriate.

After receiving DOS approval, the physician must seek an H-1B visa before beginning employment. The Department plays no role in this subsequent step.

Below and on the following pages are criteria for the Massachusetts Visa Waiver program and the steps and paperwork required to submit an application for review.

Conditions for Application

The Department considers requests for support of J-1 visa waivers that meet the following conditions:

- The Department only considers requests submitted by the employing health care facility or agency
- The employing health care facility or agency must accept public insurance, and offer discounts to low-income or uninsured patients on a sliding fee scale that at a minimum follows the federal poverty level (see <http://aspe.hhs.gov/poverty/>).
- The employer must submit a letter requesting that the Department act as an interested government agency. See Step 2 for details about what to include in the letter.
- Prior to employment, the physician must meet all medical licensure requirements for the Commonwealth of Massachusetts.
- The physician must agree to practice medicine full-time in the designated health care facility for a minimum of three (3) years and begin employment within ninety (90) days of receipt of the waiver.
- The physician's full-time practice site must be located in a federal Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P). Instructions for determining whether a site is qualified are included as Appendix A of this document. If the site is not in a HPSA or MUA/P, please also refer to the Flex 10 Requirements.
- Primary Care services are a priority for the Massachusetts Visa Waiver program. Primary Care is interpreted to include physicians who are trained in and will practice internal medicine, pediatrics, family practice, obstetrics-gynecology, geriatrics, and psychiatry.

Physicians will receive additional preference if their primary language is significantly represented as an underserved population in the proposed practice community. A list of selected communities and languages is attached as Appendix B.

- Community Health Centers, and those Hospitals with federally qualifying disproportionate share percentages (at least 63% patient charges attributed to Medicare, Medicaid, other government payer and free care) or other measure of high utilization by underserved populations, will receive priority as placement sites for Conrad 30 waivers. Health care provider sites located in HPSAs or with MUA/P designations will be required to document a significant percentage of MassHealth (Medicaid), Medicare and sliding fee or other charity care in order to qualify.
- The facility or agency must have a history of recruitment difficulty or specific need for the position the J-1 Visa physician will be filling. Provide a short summary of the recruitment difficulty and how long the position has been vacant (# months or years, or since a certain date). This summary includes recruitment history, a list of placement agencies or other recruitment resources engaged to recruit for the position (e.g. list of where position postings have been made), how many inquiries or applications have been submitted for the position, salary offered, and whether the position has been offered to any U.S. physicians. Do not include copies of advertisements in your application packet to the Department.
- The facility or agency must explain efforts made to recruit physicians who are U.S. Citizens.
- The facility or agency must identify for recruitment and retention purposes, the dates and nature (physician specialty) of all previous use of a J-1 Visa physician and the placement site, in the previous three (3) visa waiver program years.

Flex 10 requirements

The Conrad legislation authorizes up to ten (10) Flex slots to place physicians in practice sites not located in a federal shortage area if they provide documentation that the facility serves patients who reside in one or more federally designated shortage areas. While the Massachusetts program prioritizes Community Health Centers,

Hospitals with federally qualifying disproportionate share percentages or other measure of high utilization by underserved populations, there are instances of high need in other areas and Flex applications are considered on a case by case basis. In order to be considered for review and support, Flex applications must document that greater than 30% of the patients served by the site are located in federal shortage areas and provide detail about poverty levels, disparate health outcomes, or note of significant immigrant or elderly populations or substance abuse data for the populations served at the site and meet at least one of the following criteria:

- Primary care practice sites (medical and mental or behavioral health) that care for vulnerable or underserved individuals or groups and are located in a high need area as per the *Health Care Workforce Center Statewide Community Health Needs Assessment: 2016* which are: Brockton, Chicopee, Fall River, Holyoke, Lawrence, Lynn, New Bedford, Southbridge, Springfield, and Webster
- Rural communities that meet the State Office of Rural Health definition of rural
- Outpatient primary care practices of small rural hospitals. Small rural hospitals are defined as: “an acute care hospital licensed under M.G.L. c. 111, § 51, which: (1) has 50 or fewer licensed beds and based on the published United States Census 2000 data of the US Census Bureau is in a city or town whose population is less than 20,000 and is located within a city, town, service area, or County whose population density is less than or equal to 500 people per square mile and which applies for such a designation; or (2) is a hospital designated as a Critical Access Hospital as of July 1, 2005 by the Federal DHHS in accordance with federal regulations and state requirements.”
- Public Sector Health Facilities: certain physicians who will practice in public sector, non-federal, facilities such as hospitals and state correctional facilities.

The applicant facility or agency must request the flex slot in their request letter to the Department.

Specialty Physician Applications

The Department will, at its discretion, support requests for placement of physicians who are currently enrolled in or have completed a subspecialty or non-primary care fellowship. In addition to the other conditions listed above, applications to support a specialty physician must include:

- a. Specific information on how the served population will benefit by placing that physician such as: culturally competent care, reduced travel or wait times for patients, address impending physician retirements, etc. This information should show the specific benefit that will be gained if the physician is granted a visa waiver.
- b. Data documenting the shortage of physicians in this specialty/fellowship in the particular community and statewide.
- c. The percentage of MassHealth (Medicaid) and other publically insured, Medicare and uninsured patients expected to be seen by the specialty physician.
- d. Average waiting time for a non-emergency patient visit for that specialty in that area.

All Massachusetts Conrad-30 / J1 Visa Waiver Applications

- Applications must include documentation of the site's patient payer mix.
- Applications must include at least three (3) support letters from non-applicant community agencies or referring providers, including one from the community served.
- The Department may consider supporting more than one (1) application per agency based on the conditions of need identified above. The Department recognizes that in some cases an agency or employer has sites in separate counties. The Department will account for that in reviewing Visa Waiver applications and overall need.

Agencies or facilities that are considering submitting more than one application must coordinate all applications through one identified "point person" who is known to the Department as such.

If an agency does not meet the program conditions the agency will not be eligible and the application will not be supported by the Department. The Conditions for Application are also reflected in Appendix E- Checklist, and in Step 2 of the application instructions.

The Center does not offer assistance in placing physicians in suitable employment.

Teaching and Research

The Department does not support waivers for physicians who are exclusively doing research, teaching or other non-patient care positions. The goal of the Massachusetts visa waiver program is to increase direct-to-patient primary care services, and some direct-to-patient care specialty services. Researchers and educators whose primary activity is not direct-to-patient care, for example, do not meet the Massachusetts Visa Waiver Program definitions of providing direct patient care services.

Transfer Request

In certain extenuating circumstances it may be necessary or appropriate for a change in work site or employer to be initiated during the three-year contract period. The Department requires that all transfer requests be submitted in writing to the Health Care Workforce Center **prior** to any such change, in order to ensure continued support for the move or change of worksite. In particular the physician must continue to provide care to an underserved population in a federally designated underserved area, or if approved, Flex site. Failure to notify the Center and seek continued support from the Department in advance may result in the Department not supporting future J-1 applications from the employer.

The next section outlines the three-step process of the J-1 Visa Waiver application in Massachusetts including details for submitting an application.

Three-Step J-1 Visa Waiver Application Process

Step 1: Apply for Case File Number

Prior to application for a J-1 Visa Waiver, the United States Department of State requires that the physician/applicant complete an online data sheet DS-3035 application. Instructions on how to complete the online DS-3035 application are at: <https://j1visawaiverrecommendation.state.gov/>. Send this application and payment to:

U.S. Department of State
Waiver Review Division
P. O. Box 952137
St. Louis, MO 63195-2137

Completing the application online will reserve a Case File Number for your application and generate a bar coded data sheet which is required in order to process your J-1Visa Waiver recommendation application. This Case File Number must appear on every page of the application packet submitted to the Department.

The Department will only review completed applications that have an established Case File Number.

Step 2: Submit the required documents to the Massachusetts Health Care Workforce Center

The following documents should be submitted collectively and in the order indicated to the Center as one application packet. A checklist of the necessary items and the order in which the packet should be compiled is included as Appendix E of this document. The **Case File Number** must appear on every page of the application packet.

Submit one original and one copy of the entire waiver request package to:

Nicole Watson, Recruitment & Retention Program Coordinator
Health Care Workforce Center
Massachusetts Department of Public Health
250 Washington Street, 5th Floor
Boston, MA 02108-4619

1. EMPLOYING FACILITY OR AGENCY REQUEST LETTER

The Facility or Agency must provide a request letter from the chief administrator that includes the following:

- a) A request that the Department act as an interested government agency and support a waiver for the J-1 Visa physician, to the Department of State that the place of employment where the physician will provide services is located in a currently designated Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/MUP) and identify the Shortage Designation Area by number and type. Instructions for determining whether a site is in a qualified area are included in Appendix A.
- b) A description of how the physician's services are required and in the public interest.
 - a. Describe the facility's mission, services, and target population.
 - b. Describe the current medical or mental health care needs of the underserved populations in your area.
 - c. Describe how the J-1 visa physician's qualifications and proposed responsibilities will improve access to medical or mental health care services in your area for the underserved population.
- c) The employment responsibilities of the J-1 visa physician.
- d) Statement that the facility or agency is unequivocally offering the physician full-time employment for at least three (3) years (see also #5 Signed Employment Contract).
- e) Statement that the facility or agency participates in MassHealth and complies with the regulations governing MassHealth; accepts Medicare; and accepts patients participating in Commonwealth Care programs, provides care regardless of the patient's ability to pay a fee, and has a sliding fee scale. The sliding fee scale should be based on the patient's ability to pay a fee. Providers may establish any number of incremental percentages (discount pay class) as they find appropriate and must at a minimum address those patients who are at or below 200% of the Federal Poverty Level. For more information on the current U.S. Department of Health and Human Service Federal Poverty Level guidelines, go to: <https://aspe.hhs.gov/poverty-guidelines> and see the section "Often Requested" (on the left hand side of the screen); then click on "Poverty Guidelines." Include the sliding fee scale implementation plan, and public notice, as well as the agency's written commitment to the use of the sliding fee scale.
- f) The employing agency patient payer mix data, or if the employing agency is not the work site, provide the worksite patient payer mix data. Specifically, provide a breakdown of private insurance, Medicaid/MassHealth including Managed Care, Commonwealth Care, Medicare, un-insured and private pay and the percentage of patients who participate in your sliding fee scale option.
- g) Describe in detail the long range retention plan for the physician, beyond the three year obligation.
- h) Statement that the facility and/or agency will comply with the J-1 visa monitoring activities, (See Appendix F for a copy of the semi-annual monitoring report). These reports are due on January 30 and July 30 of each year. These reports are required for each J-1 physician practicing under a waiver to ensure the J-1 physician continues to practice in a medically underserved area in Massachusetts for three (3) years. The employer is responsible for generating the semi-annual report using the attached form, and sending the completed and signed report to the Health Care Workforce Center on the due date. Failure to comply with reporting requirements may result in the Department refusing to accept future J-1 visa waiver applications.
- i) Statement that the facility and/or agency will notify the Health Care Workforce Center in writing, at least two weeks in advance, if the J-1 physician will no longer be employed full time at the facility during the three (3) year period.

- j) Dates and nature (physician specialty) of all previous use of a J-1 visa waiver physician and the placement site, in the previous three visa waiver program years. Include retention information, such as if the physician completed the contractual obligation or not, if the physician resigned or remained in her/his position or if the physician remained for longer than the minimum contracted agreement.

2. DATA SHEET DS-3035 AND CASE FILE NUMBER

Submit a legible photocopy of the completed DOS Waiver Review Application Data Sheet DS-3035 and Case File Number as received from the DOS in St. Louis.

3. COPY OF FRONT AND BACK OF I-94 ENTRY AND DEPARTURE CARDS

4. FORM G-28 (WHEN APPLICABLE)

5. SIGNED EMPLOYMENT CONTRACT

a) Include a completed, dated, employment contract signed by the Physician and the Executive Director of the health care agency stipulating the following:

1. Name and address of the health care site(s) and the geographic area(s) where the physician will practice.
2. Physician agrees to practice medicine for a minimum of 40 hours per week providing clinical care only, for a minimum of three (3) years at the practice site(s). Clinical care can include paperwork and phone calls related to patient care.
3. Physician agrees to begin employment within ninety (90) days of receiving a waiver and agrees to continue to work in accordance with Federal and State visa waiver guidelines at the practice site(s).
4. Physician's annual salary, showing that the physician is receiving a competitive salary.

The employment contract shall not include a non competition clause or any other provision that limits the J-1 visa physician's ability to remain in the area upon completion of the three (3) year contract.

b) The employing agency and the practice site(s), if different from the employer, must submit a written statement that they will make every reasonable effort to enable the J-1 Visa physician to practice in accordance with these policies.

6. SIGNED STATEMENT OF AGREEMENT

The physician must submit a signed and dated letter stating that the Physician:

- a) Agrees to "meet the requirements set forth in section 214 (1) of the Immigration and Nationality Act."
- b) Will begin employment at the facility within 90 days of receiving the waiver.
- c) Will work at the facility for at least three (3) years.

7. PHYSICIAN ATTESTATION SAMPLE

I, _____, hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of the Massachusetts Department of Public Health which is submitting an IGA request on behalf of me under the Conrad 30 program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

8. COPIES OF ALL IAP-66 /DS-2019 FORMS

9. CURRENT COPY OF THE PHYSICIAN'S CURRICULUM VITAE

Include a copy of Massachusetts medical license or a copy of the first page of the license application.

10. PHYSICIAN PERSONAL STATEMENT

Signed and dated Personal Statement from physician regarding his/her reasons for not wishing to fulfill the two-year home country residency requirement.

11. LETTER OF "NO OBJECTION" FROM HOME GOVERNMENT (when applicable)

The J-1 Visa physician should obtain a letter of "no objection" from his/her home country

ONLY IF the J-1 physician had medical education or post-graduate training in the United States FUNDED BY the government of the graduate's home country.

If a J-1 waiver applicant requires a letter of “no objection,” the Department of State requests that the letter clearly state that it is pursuant to Public Law 103-416.

12. EXPLANATION OF OUT-OF-STATUS (when applicable)

13. SIGNED AFFIDAVIT

Appendix D: signed and witnessed affidavit stating the physician and the agency/facility accept public payers and offer a sliding fee scale and are not being investigated for fraud or under any professional sanctions.

14. RECRUITMENT EFFORTS

The facility or agency must have a history of recruitment difficulty or specific need for the position the J-1 Visa physician will be filling. Provide a short summary of the recruitment difficulty and how long the position has been vacant (# months or years, or since a certain date). This summary includes recruitment history, a list of placement agencies or other recruitment resources engaged to recruit for the position (e.g. list of where position postings have been made), how many inquiries or applications have been submitted, salary offered, and whether the position has been offered to any U.S. physicians. Do not include copies of advertisements in your application packet to the Health Care Workforce Center.

15. LETTERS OF COMMUNITY SUPPORT

For all applications, submit letters from at least three (3) community agencies that work closely with the served populations stating the J-1 placement is critical and will help alleviate health care access problems for the underserved population of the community.

16. PHYSICIAN'S JOB DESCRIPTION – Provide a copy of the J1 Physician's job description.

17. DOCUMENTATION OF NONPROFIT OR PUBLIC AGENCY STATUS

Step 3: Application Packet and Support Letter is sent to the Department of State

After reviewing all application materials, the Department will make a decision on supporting a physician for a J-1 waiver. For those applicants who are supported by the Department, the entire application packet including the support letter will be sent by the Department to the U.S. Department of State (DOS). A copy of the support letter will also be sent to the physician, the employer and the legal representative as appropriate.

Once the application is sent to DOS, the Department will only be involved in responding to DOS questions regarding items in the application packet. Application processing at DOS generally takes 6-8 weeks. The Department will have no additional information regarding the status of a candidate unless a specific issue or question arises from DOS. Candidates can check their status at DOS through the following website:

<https://j1visawaiverrecommendation.state.gov/>

A support letter from the Department is an essential step in the process but does not ensure that a candidate will receive a waiver.

Physicians must also obtain an H-1B visa in order to begin employment. The Department plays no role in this part of the process.

Appendix A: Instructions for finding out practice site federal designation status

1. In most cases, to determine whether a practice site is in an underserved area it is important to have the Census Tract number (usually four digits, sometimes with two decimal points included e.g. 8011.02). Census tracts for a **specific address** can be found at: <http://www.ffiec.gov/geocode/default.aspx>.

Type in the address and press SEARCH and the resulting search should provide the census tract in the bottom right corner of the grid.

2. You can use the census tract to check designation status via the searchable databases for the HPSA and MUA/P designations:

HPSA database: <http://hpsafind.hrsa.gov/>

MUA/MUP database: <http://muafind.hrsa.gov/>

Searching by state and county in either database will be the most efficient. Statewide searches are large and sometimes difficult to peruse, but may also be helpful.

In the HPSA database be sure to use STATUS="designated".

The MUA/P database will first give you all designations for that county. Click on the MUAID# (five digits) to access the Census Tract information for each designated area.

If a town or city is on the Designation List without specific census tracts, it means that the whole municipality is designated.

Other Information

For information about the Health and Human Services (HHS) waiver program refer to:

<http://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/index.html/exchange-visitor-program.html-0>

For current information and updates about the Massachusetts Visa Waiver program refer to:

<http://www.mass.gov/dph/primarycare>

For information about the Massachusetts Community Health Centers (CHCs) and job postings at the CHCs refer to: www.massleague.org

For information about the Massachusetts Hospitals refer to: www.mhalink.org

For other questions contact Nicole Watson at: nicole.watson@state.ma.us

Appendix B: Language Guide for Conrad-30/J-1 Visa Waiver Program

<u>Community</u>	<u>Language</u>
Boston	Spanish, Haitian Creole, Chinese, Vietnamese, Cape Verdean, Portuguese, Somali
Brockton	Cape Verdean, Spanish, Haitian Creole, Portuguese
Cambridge	Spanish, Haitian Creole, Portuguese, Chinese, Bengali
Cape Cod	Cape Verdean, Portuguese, Spanish
Chelsea	Spanish, Vietnamese, Portuguese, Serbo-Croatian
Everett	Spanish, Portuguese, Haitian Creole, Vietnamese
Fall River	Portuguese, Spanish, Khmer
Fitchburg	Spanish, Hmong
Framingham	Spanish, Portuguese, Russian, Chinese
Holyoke	Spanish, Polish
Lawrence	Spanish, Khmer, Vietnamese
Lowell	Khmer, Spanish, Portuguese, Vietnamese
Lynn	Spanish, Khmer, Vietnamese, Portuguese, Burmese, Arabic
New Bedford	Spanish, Portuguese, Cape Verdean
Quincy	Chinese, Vietnamese, Spanish, Portuguese
Revere	Spanish, Khmer, Portuguese, Arabic
Salem	Spanish
Somerville	Spanish, Portuguese, Haitian Creole
Southbridge	Spanish
Springfield/ W. Springfield	Spanish, Vietnamese, Somali, Russian
Worcester	Spanish, Vietnamese, Portuguese, Polish, Chinese, Arabic, Albanian

**Health Care Workforce Center-Visa Waiver Program
Massachusetts Department of Public Health
250 Washington St. Boston, MA 02108-4619
Conrad-30/J-1 Visa Waiver or National Interest Waiver**

Physician Last Name: _____ Male: _____ Female: _____

Physician First Name: _____ MI: _____

Date of Birth: _____ Department of State Case #: _____

Country of Birth: _____

Practice/Specialty: _____

Purpose of request for letter (please check one): ☐ Conrad-30 Program ☐ National Interest Waiver

Employer Name: _____

Employer Address: _____

Employer Contact Name: _____ Phone: _____

Email of Contact: _____

Practice Site 1 Name: _____ Medicaid Billing Number: _____

Practice Site 1 Address: _____

County: _____ Census Tract: _____ Hours to be spent at this site: _____

HPSA #: _____ MUA or MUP # (if applicable): _____

Practice Site 2 Name: _____ Medicaid Billing Number: _____

Practice Site 2 Address: _____

County: _____ Census Tract: _____ Hours to be spent at this site: _____

HPSA #: _____ MUA or MUP # (if applicable): _____

Lawyer Name (write N/A if none) : _____ Email: _____

Law Firm Name: _____

Law Firm Address: _____

Phone: _____ Fax: _____

Appendix D: Physician/Employer Status Affidavit



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619

MASSACHUSETTS J-1 VISA WAIVER PROGRAM

The Massachusetts Health Care Workforce Center will not support any applicant or sponsor of an applicant for a J-1 Visa Waiver who does not accept MassHealth or does not comply with the regulations governing MassHealth; does not accept Medicare; or does not accept patients participating in Commonwealth Care programs, does not provide care regardless of the patient's ability to pay a fee and does not have a sliding fee scale. The same holds for an applicant or sponsor who has ever experienced any negative, legal and/or professional restrictions with medical licensing, DEA registration, fraud, or professional sanction including (see A-D, below): currently in the process of being challenged, relinquished, withdrawn, investigated, denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily or involuntarily relinquished:

- A) Medical License in any state
- B) DEA Registration injunction
- C) Medicaid, Medicare Fraud
- D) Any other type of professional sanction.

We, the applicant agency of a J-1 Visa Waiver Physician and the J-1 Visa Waiver applicant being duly sworn, hereby state there are no sanctions or charges pending per the above paragraph and listings against here signed or prior to the application for this J-1 Visa Waiver application.

Print Applicant Agency Representative Name

Signature of Applicant Agency Representative

Printed J-1 Physician Name

Signature of J-1 Physician

Subscribed and Sworn before me on this _____ Day _____ Year

Notary Public

Appendix E: Checklist of application materials required for Massachusetts review

The following application documents must be included, and packaged in the order noted below. The DOS case file number must appear on every page of the application. Do not include any other documents that are not required by the Department.

_____	Appendix C: Applicant Information Sheet
_____	Agency request letter, including facility description with a current copy of the sliding fee scale and policy, practice site patients payer mix and long range retention plan for the physician
_____	Copy of Physician's job description
_____	Copy of Data Sheet (DS-3035)
_____	Copy of Front and Back of I-94 Entry and Departure Cards
_____	Form G-28 (when applicable)
_____	Copy of signed employment contract
_____	Signed Statement of Agreement
_____	Physician Attestation
_____	Copies of all IAP-66/DS-2019
_____	Curriculum Vitae of J-1 physician and a copy of the Massachusetts license to practice, or a copy of the first page of the Massachusetts license application
_____	Signed and dated Personal Statement from Physician regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement
_____	Letter of No Objection from Home Government if applicable
_____	An Explanation For Out of Status (when applicable)
_____	Physician/Employer Status Affidavit (Appendix D)
_____	Recruitment Efforts
_____	Three (3) community support letters
_____	One original and one copy of the complete application packet

If you have additional questions contact:

Nicole Watson, *Recruitment and Retention Program Coordinator*
Phone: 617-624-6051
Email: nicole.waston@state.ma.us

Appendix F: PHYSICIAN / EMPLOYER and PRACTICE SITE MONITORING REPORT

Monitoring reports are due on January 30 and July 30 of each year until the physician's **three (3) year commitment is complete**. **Failure to submit these reports** will result in the physician and employer being in noncompliance with program policies.

Complete this form bi-annually and send pdf file to Wee.Ooi@state.ma.us

Reporting period: MM _____ DD _____ YY _____

PHYSICIAN

Name: _____ Practice/Specialty: _____

Home Address: _____

Practice Site Address(s): _____

Physician email: _____

Office Phone: _____ Personal Phone: _____

Visa Waiver Commitment Start Date: _____

Visa Waiver Commitment End Date: _____

I, the above named physician, provide health care services at the above stated address a minimum of 40 hours per week, as noted in the visa waiver application, and comply with all my contractual obligations.

Physician's Signature: _____ Date: _____

EMPLOYER

I hereby certify that Dr _____ is employed in accordance with our Visa Waiver application providing at least 40 hours/week of health care services, at above site(s), as per our application.

Employer Agency Name _____

PRINT Representative First and Last Name: _____

Title _____

Phone Number: _____ Email: _____

Representative Signature: _____ Date: _____

Department / Health Care Workforce Center use only

Date Received at HCWC: _____